

# PATRICK DE LUCA

58 Albany Avenue, Suite 201  
Amityville, NY 11701

[jdservices@optonline.net](mailto:jdservices@optonline.net)

Phone 631-264-2700  
Fax 631-264-2720

July 11, 2018

**VIA CERTIFIED MAIL**

City of Long Beach  
1 West Chester Street, Room 307  
Long Beach, NY 11561

Re: Pour Concepts Inc.  
912 West Beech Street, Long Beach, NY 11561  
30 Day SLA Notice

RECEIVED  
CITY CLERK'S OFFICE  
2018 JUL 13 AM 10:02  
CITY OF LONG BEACH  
NEW YORK

To Whom It May Concern:

Attached please find a 30-day notice for the above applicant. We are sending this new notice because we have learned that the previous notice, which was submitted by certified mail on March 30, 2018, was for some reason misdirected by the U.S. Postal Service and not received by the City. A copy of the previous notice is attached, together with tracking information showing it was mailed, and a letter from the Committee on Standards and Quality of Life, West End Neighbor's Civic Association of Long Beach, New York Inc. stating that the notice, to their understanding, was not filed.

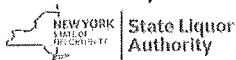
The new attached notice also amends the 500 foot law information, since the applicant premise is within 500 feet of three or more establishments serving liquor. A copy of the 500 foot law statement a and public interest statement is also attached.

Should you have any questions or if there is anything else you need, please do not hesitate to contact us. Thank you for your time and attention.

Very Truly Yours,

Patrick DeLuca's Office

Encl.



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent: 07/11/2018 1a. Delivered by: Certified Mail Return Receipt Requested

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

☒ New Application ☐ Renewal ☐ Alteration ☐ Corporate Change ☐ Removal ☐ Class Change ☐ Method of Operation Change

For **New** applicants, answer each question below using all information known to date

For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:**

3. Name of Municipality or Community Board: LONG BEACH CITY CLERK

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): 1311355 Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: POUR CONCEPTS INC

6. Trade Name (if any): POUR CHOICES

7. Street Address of Establishment: 912 W BEECH ST

8. City, Town or Village: LONG BEACH, NY Zip Code: 11561

9. Business Telephone Number of Applicant/Licensee: (516) 222-7932

10. Business E-mail of Applicant/Licensee: JSTARRINC@GMAIL.COM

11. Type(s) of alcohol sold or to be sold: ☐ Beer & Cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider

12. Extent of Food Service:

☒ Full food menu; full kitchen run by a chef or cook ☐ Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment: Restaurant (full kitchen and full menu required)

14. Method of Operation: (check all that apply)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input checked="" type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input checked="" type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <u>SMALL BANDS AND ACOUSTIC</u>				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input type="checkbox"/> Other (specify): _____				

15. Licensed Outdoor Area: (check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): _____				

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: 1
17. List the room number(s) the establishment is located in within the building, if appropriate: 1ST FLOOR
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- |       |               |
|-------|---------------|
| _____ | _____         |
| Name  | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name: OFFSHORE RESTAURANT CORP
23. Building Owner's Street Address: 370 W. CHESTER ST
24. City, Town or Village: LONG BEACH State: NY Zip Code: 11561
25. Business Telephone Number of Building Owner: (516) 507-7615

**Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**

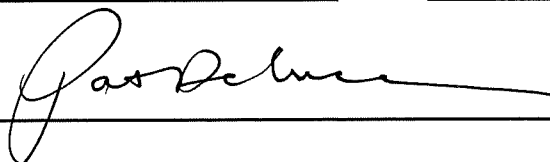
26. Representative/Attorney's Full Name: PATRICK DELUCA
27. Representative/Attorney's Street Address: 58 ALBANY AVE, STE: 201
28. City, Town or Village: AMITYVILLE State: NY Zip Code: 11701
29. Business Telephone Number of Representative/Attorney: (631) 264-2700
30. Business E-mail Address of Representative/Attorney: JDSERVICES@OPTONLINE.NET

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: PATRICK DELUCA Title: REPRESENTATIVE

Principal Signature: \_\_\_\_\_



7016 1970 0000 5139 0294

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$

Total Postage and Fees

\$

Sent To

Long Beach City clerc

Street and Apt. No., or PO Box No.

Westchester St

City, State, ZIP+4®

Long Beach, NY 11561

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark  
Here

OFFICE USE ONLY		
<input checked="" type="radio"/> Original	<input type="radio"/> Amended	Date 03-30-2018


**State Liquor Authority**
**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**

(Page 1 of 2)

1. Date Notice Was Sent: Mar 30, 2018 1a. Delivered by: Certified Mail Return Receipt Requested

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

☒ New Application ☐ Renewal ☐ Alteration ☐ Corporate Change ☐ Removal ☐ Class Change

For **New** applicants, answer each question below using all information known to date.

For **Renewal** applicants, set forth your approved Method of Operation only.

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s).

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals.

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type.

**This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board**

3. Name of Municipality or Community Board: LONG BEACH CITY CLERK

**Applicant/Licensee Information**

4. License Serial Number, if Applicable: PENDING Expiration Date, if Applicable: PENDING

5. Applicant or Licensee Name: POUR CONCEPTS LLC

6. Trade Name (if any): TBD

7. Street Address of Establishment: 912 W BEECH STREET

8. City, Town or Village: LONG BEACH ,NY Zip Code: 11561

9. Business Telephone Number of Applicant/Licensee: 516-236-5508

10. Business Fax Number of Applicant/Licensee: PENDING

11. Business E-mail of Applicant/Licensee: PENDING

12. Type(s) of Alcohol sold or to be sold: ☐ Beer & Cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider

13. Extent of Food Service: ☒ Full food menu; Full Kitchen run by a chef or cook ☐ Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: RESTAURANT

15. Method of Operation: (Check all that apply)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input checked="" type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input checked="" type="checkbox"/> Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.): SMALL BANDS AND ACOUSTIC				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input type="checkbox"/> Other (specify):				

16. Licensed Outdoor Area: (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify):				

OFFICE USE ONLY		
<input checked="" type="radio"/> Original	<input type="radio"/> Amended	Date 03-30-2018



**State Liquor  
Authority**

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a  
Local Municipality or Community Board**

(Page 2 of 2)

17. List the floor(s) of the building that the establishment is located on: 1ST FLOOR
18. List the room number(s) the establishment is located in within the building, if appropriate: 1ST FLOOR
19. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☐ Yes ☒ No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.  
912 W BEECH STREET PUB INC- 1016986
22. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (If Yes SKIP 23-26) ☒ No

**Owner of the Building in Which the Licensed Establishment is Located**

23. Building Owner's Full Name: OFFSHORE RESTAURANT CORP
24. Building Owner's Street Address: 370 W. CHESTER ST
25. City, Town or Village: LONG BEACH State: NY Zip Code: 11561
26. Business Telephone Number of Building Owner: 516-507-7615

**Representative or Attorney representing the Applicant in Connection with the  
application for a license to traffic in alcohol at the establishment identified in this notice**

27. Representative/Attorney's Full Name: PATRICK DELUCA
28. Street Address: 58 ALBANY AVE, STE: 201
29. City, Town or Village: AMITYVILLE State: NY Zip Code: 11701
30. Business Telephone Number of Representative/Attorney: 631-264-2700
31. Business Email Address: jdservices@optonline.net

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

32. Printed Name: Patrick DeLuca Title Representative

Signature: X

# USPS Tracking®

[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

## Track Another Package +

**Tracking Number:** 70161970000051390294

Remove X

As of April 2, 2018 at 11:40 pm, your package is still on its way. We apologize that it will arrive later than expected.

## Alert

April 2, 2018 at 11:40 pm  
Your Package Delivery Has Been Delayed

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### Tracking History

**April 2, 2018, 11:40 pm**

Your Package Delivery Has Been Delayed

As of April 2, 2018 at 11:40 pm, your package is still on its way. We apologize that it will arrive later than expected.

**April 2, 2018**

In Transit to Next Facility

**April 2, 2018, 9:40 am**

Out for Delivery

LONG BEACH, NY 11561

**April 2, 2018, 9:30 am**  
Sorting Complete  
LONG BEACH, NY 11561

**April 2, 2018, 8:55 am**  
Arrived at Unit  
LONG BEACH, NY 11561

**April 1, 2018, 2:03 pm**  
Departed USPS Regional Facility  
GARDEN CITY NY DISTRIBUTION CENTER

**April 1, 2018, 7:53 am**  
Arrived at USPS Regional Facility  
GARDEN CITY NY DISTRIBUTION CENTER

**April 1, 2018, 6:01 am**  
Departed USPS Regional Facility  
MID NY DISTRIBUTION CENTER

**March 31, 2018, 9:39 pm**  
Arrived at USPS Regional Facility  
MID NY DISTRIBUTION CENTER

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**Product Information**



**Postal Product:**

**Features:**  
Certified Mail™

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**See Less** ^



## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs (<http://faq.usps.com/?articleId=220900>)**

### **The easiest tracking number is the one you don't have to know.**

With Informed Delivery®, you never have to type in another tracking number. Sign up to:

- See images\* of incoming mail.
- Automatically track the packages you're expecting.
- Set up email and text alerts so you don't need to enter tracking numbers.
- Enter USPS Delivery Instructions™ for your mail carrier.

### **Sign Up**

**([https://reg.usps.com/entreg/RegistrationAction\\_input?](https://reg.usps.com/entreg/RegistrationAction_input?app=UspsTools&appURL=https%3A%2F%2Ftools.usps.com%2Fgo%2FTrackConfirmAction%3FtLabels%3D70161970000051390294)**

**\*NOTE:** Black and white (grayscale) images show the outside, front of letter-sized envelopes and mailpieces that are processed through USPS automated equipment.

June 26th, 2018

via CERTIFIED MAIL 7017 0190 0000 0396 2573

Pour Concepts Inc. a/k/a Pour Choices  
912 West Beech Street  
Long Beach, New York 11561

Re: New Application for an On-Premise Liquor License - Serial Number 1311355

Mr. Cestare and Mr. Feinberg,

The West End Neighbors Civic Association has learned that you are applying for an On-Premises Liquor License and Temporary License with the New York State Liquor Authority,

Representing the community, we have attached a questionnaire designed to learn more about your intentions and operation. We kindly ask that you review the attached letter and provide a response within the next 15 business days. Our questionnaire can be completed online at <http://slasurvey.lbwestend.org> or via hard copy and returned to [westendresidents@hotmail.com](mailto:westendresidents@hotmail.com) or:

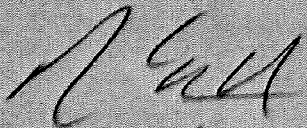
PO Box 695  
Long Beach, New York 11561

It is also our understanding that a 30-day Advanced Notice to the Local Municipality or Community Board was not filed with the City Clerk. If this is a misunderstanding, please advise.

We look forward to learning more about your operation and how it will benefit our community. Thank you in advance for your cooperation and participation in this important process.

Please do not hesitate to contact us at [westendresidents@hotmail.com](mailto:westendresidents@hotmail.com) if you have any questions or concerns.

Sincerely yours,



Brendan Healy  
Chairman, Committee on Standards and Quality of Life

Cc: City of Long Beach Clerk, Office of the City Manager City of Long Beach  
Ms. Jacqueline Held, New York State Liquor Authority

# PATRICK DE LUCA

58 Albany Avenue, Suite 201  
Amityville, NY 11701

[jdservices@optonline.net](mailto:jdservices@optonline.net)

Phone 631-264-2700  
Fax 631-264-2720

June 7, 2018

To: NYS Liquor Authority  
317 Lenox Avenue  
New York, NY 10027

Re: Pour Concepts Inc.  
912 West Beech Street  
Long Beach, NY 11561

To Whom It May Concern:

I believe that issuance of an on-premise license to the above applicant is in the public interest because the applicant's new restaurant will be replacing another restaurant that held an on-premise license, and will attract new business to its location, which in turn will benefit other local businesses. This office has properly notified the City of Long Beach prior to submitting this application and has not received notice from the City of any objections pertaining to noise, parking or traffic as the premise is already located in a busy suburban area with ample parking and public transportation. I have listed below the on-premise license holders situated within 500 feet of the applicant:

Name	Address	Approx. Distance
TAQUERIA INC	914 W BEECH ST	20 ft
912 W BEECH STREET PUB INC	912 W BEECH STREET	55 ft
TRK PUB INC	906 W BEECH ST	60 ft
HIGH TIDE PARTNERS INC	916 W BEECH ST	85 ft
SWINGBELLYS BBQ INC	909 911 W BEECH STREET	90 ft
LBQ CORP	909 911 W BEECH ST	105 ft
JR ASIAN FUSION INC	896 W BEECH ST	225 ft
JHLK RESTAURANT INC	895 W BEECH ST	245 ft
LOST AT SEA CORP	888 W BEECH ST	280 ft
E J P RESTAURANT CORP	943 WEST BEECH ST	435 ft

If there is any other information you need, please let me know. Thank you for your consideration.

Very Truly Yours,



Patrick DeLuca

☐ Original☐ Amended

Date \_\_\_\_\_

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**500 FOOT LAW STATEMENT**

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**Applicants for on premises liquor licenses must complete this section**  
**(Not required for on premises beer or wine application)**

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on-premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

**The Proposed Premises: Check the appropriate box below:**

- ☐ IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- ☒ IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- ☐ NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993
- ☐ NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- ☐ NOT APPLICABLE - BEER, WINE and CIDER ONLY

**IMPORTANT:**

**YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS  
LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES**

**For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project)  
system, which is available on our website.**

If premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

**FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.**